

FORM 2

**REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR
DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF
SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013
(ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017
[Regulation 3(2)]**

Note:

*Affidavits or other documentary evidence in support of the request must be attached.
If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and
sign each page.*

Reference Number.....

Mark the appropriate box with an "x".

Request for:

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF DATA SUBJECT
Surname:	
Full names:	
Identity number:	
Residential, postal or business address:	

Contact number(s):	
FAX number:	
E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name and surname of responsible party <i>(if the responsible party is a natural person):</i>	
Residential, postal or business address:	
Contact number(s):	
FAX number:	
E-mail address:	
Name of public or private body <i>(if the responsible party is not a natural person):</i>	
Business address:	
Contact number(s):	
FAX number:	
E-mail address:	

FEES PAYABLE IN RESPECT OF RECORDS REQUESTED FROM FACECAMALERT

ANNEXURE C

	DETAILS OF REQUEST	COST
1	Standard fee for any request to be processed regardless of success of request.	R200
2	If successful the following amount is payable for the provision of feedback, footage and documentation where applicable.	R400